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## Application Number **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) \* May be used for additional claims or amendments AFTER SECOND AFTER FIRST CLAIMS 4-1-09 AMENDMENT **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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